

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

33069

8323

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. 318  |  | PRIMARY REG. DIST. NO. 1003   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri<br>b. COUNTY<br>St. Louis  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis  |  | 2009   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.                              |  |   |  | d. STREET ADDRESS (If rural, give location)<br>U. N. KNOWN  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) Emma  |  | a. (First)  |  | b. (Middle)   |  | c. (Last) Jackson  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Sept. 2 1952                                     |  | 5. SEX 3<br>Female  |  | 6. COLOR OR RACE<br>Colored   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>U. N. K. 9   |  |
| 8. DATE OF BIRTH<br>Nov. 10, 1903  |  | 9. AGE (In years) 48<br>has birthday  |  | 10. MONTHS<br>48  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Alabama  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House Work |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Alabama  |  |
| 13a. FATHER'S NAME<br>Ave Bonner   |  | 13b. MOTHER'S MAIDEN NAME<br>Lizzie Brown   |  | 14. NAME OF HUSBAND OR WIFE<br>U. N. K.   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |  |
| 16. SOCIAL SECURITY NO.<br>NONE  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>C. T. JACKSON  |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Undetermined<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>None |  | 19. DATE OF OPERATION<br>1952  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>          |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  | 21f. HOW DID INJURY OCCUR?<br>1.71X   |  | 22. I hereby certify that I attended the deceased from 6-1, 1952, to 9-2, 1952, that I last saw the deceased alive on 9-2, 1952, and that death occurred at 10:30 a. m., from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br>N. Alan Harris   |  | 23b. ADDRESS<br>2601 N Whittier St.   |  | 23c. DATE SIGNED<br>9-3-52  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  |
| 24b. DATE<br>9-3-52  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>New Madrid  |  | 24d. LOCATION (City, town, or county) (State)<br>Mo.  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>RICHARDS - New Madrid, Mo.   |  |
| DATE REC'D BY LOCAL REG.<br>SEP 3 1952   |  | REGISTRAR'S SIGNATURE<br>J. Carl Smith  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>RICHARDS - New Madrid, Mo.  |  | ADDRESS  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 4365

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.